



# INSTRUMENT PROCESSING SHEET

Agency Winter Haven PDS/N 80-001060

Florida Department of Law Enforcement

Date In 11/27/2019DI Completion Date 12/03/2019 Ship  P/U  H/D  CMI  EE

<b>Intake</b> Performed By <u>DP</u> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Registration <input checked="" type="checkbox"/> Return from CMI / EE Visual Inspection: <input checked="" type="checkbox"/> Case <input checked="" type="checkbox"/> Handle <input checked="" type="checkbox"/> Keyboard <input checked="" type="checkbox"/> Dry Gas Shelf <input checked="" type="checkbox"/> Feet <input checked="" type="checkbox"/> Breath Tube <input checked="" type="checkbox"/> Ports <input checked="" type="checkbox"/> Screws Tight Other Equipment/ Accessories: <input checked="" type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: _____ _____ _____	<b>Quality Checks</b> Performed By <u>MX</u> <input checked="" type="checkbox"/> Breath Tube Screen <input checked="" type="checkbox"/> Replace External O-Rings <input checked="" type="checkbox"/> Instrument Set Up Verified <input checked="" type="checkbox"/> R-Value <u>227</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP102</u> 32 mm <u>0.144</u> (.139 - .169) 36 mm <u>0.160</u> (.156 - .190) 53 mm <u>0.234</u> (.228 - .278) 103 mm <u>0.500</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>30793</u> <input checked="" type="checkbox"/> Stability Checks	<b>Flow Calibration</b> Performed By _____ Flow Column # _____ <input type="checkbox"/> 5L/min - 17mm <input type="checkbox"/> 15L/min - 53mm <input type="checkbox"/> 30L/min - 103mm <input type="checkbox"/> R-Value _____ <input type="checkbox"/> Post Calibration Verification (L/s) Flow Column # _____ 32 mm _____ (.139 - .169) 36 mm _____ (.156 - .190) 53 mm _____ (.228 - .278) 103 mm _____ (.447 - .547)																																																												
<b>Final Release Date</b> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">FDLE</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">DEC 09 2019</div> <div style="text-align: center; font-weight: bold;">Alcohol Testing Program</div>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #/Exp</th> </tr> </thead> <tbody> <tr> <td>0.050</td> <td><u>MP5088</u></td> <td><u>201905A</u> <u>05/14/2021</u></td> </tr> <tr> <td>0.080</td> <td><u>MP5089</u></td> <td><u>201905B</u> <u>05/14/2021</u></td> </tr> <tr> <td>0.200</td> <td><u>MP5090</u></td> <td><u>201904D</u> <u>04/30/2021</u></td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td><u>A6916501</u> <u>06/14/2021</u></td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050	<u>MP5088</u>	<u>201905A</u> <u>05/14/2021</u>	0.080	<u>MP5089</u>	<u>201905B</u> <u>05/14/2021</u>	0.200	<u>MP5090</u>	<u>201904D</u> <u>04/30/2021</u>	0.080 DGS	N/A	<u>A6916501</u> <u>06/14/2021</u>	<b>Maintenance</b> Performed By _____ <input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other _____ <b>Temperature Checks</b> Performed By <u>MX</u> <input checked="" type="checkbox"/> Lab Temp °C <u>21.83</u> External Digital Therm. ID#: <u>300505</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>MP5088</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>MP5089</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>MP5090</u>																																													
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Notes/Suggested Service: _____ _____ _____ _____ _____	<input checked="" type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC <input checked="" type="checkbox"/> Return to/Place into Evidentiary Use <input type="checkbox"/> Remain Out of Evidentiary Use <input checked="" type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> <u>gpm 12/5/19</u>              Tech Review / Date           </div> <div style="text-align: center;"> <u>Brett Kirkland 12/6/19</u>              Admin Review / Date           </div> </div>																																																													

# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: WINTER HAVEN PD  
Time of Inspection: 12:33

Date of Inspection: 12/03/2019

Serial Number: 80-001060  
Software: 8100.27

Check or Test	YES	NO	Check or Test	YES	NO
Diagnostic Check (Pre-Inspection): OK	Yes		Date and/or Time Adjusted		No
Minimum Sample Volume Check: OK	Yes		Barometric Pressure Sensor Check: OK	Yes	
Alcohol Free Subject Test: 0.000	Yes		Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes		Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201905A Exp: 05/14/2021	0.08g/210L Test (g/210L) Lot#:201905B Exp: 05/14/2021	0.20g/210L Test (g/210L) Lot#:201904D Exp: 04/30/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG916501 Exp: 06/14/2021
0.000	0.049	0.078	0.197	0.080
0.000	0.048	0.079	0.197	0.079
0.000	0.048	0.079	0.198	0.078
0.000	0.048	0.079	0.199	0.078
0.000	0.048	0.079	0.198	0.078
0.000	0.048	0.079	0.199	0.078
0.000	0.048	0.079	0.199	0.078
0.000	0.048	0.078	0.199	0.078
0.000	0.048	0.079	0.199	0.078
0.000	0.048	0.078	0.199	0.078

Standard Deviations	0.0003	0.0004	0.0008	0.0006
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0005 Number of Simulators Used: 5

Remarks:

JDM  
BK  
12/6/19

The above instrument complies (  ) does not comply (  ) with Chapter 11D-8, FAC.

I certify that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

Michael D Haughey MICHAEL D HAUGHEY  
Signature and Printed Name

12/03/2019  
Date

# Stability Check 0.05 g/20L

WINTER HAVEN PD  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-001060  
12/03/2019  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	10:10
Control Test	0.050	10:10
Air Blank	0.000	10:11
Control Test	0.049	10:12
Air Blank	0.000	10:12
Control Test	0.049	10:13
Air Blank	0.000	10:13
Control Test Stats		
Average	0.0493	
Std Dev	0.0006	
Rel Std Dev(%)	1.1703	

*mx*

Operator's Signature

*Agm*  
13/4  
12/6/19



80-001060

Stability Check 12/03/2019

MK

WINTER HAUEN PD  
 Intoxilyzer - Alcohol Analyzer  
 Model 8000 SN 80-001060  
 12/03/2019  
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	10:18
Control Test	0.079	10:18
Air Blank	0.000	10:19
Control Test	0.078	10:20
Air Blank	0.000	10:20
Control Test	0.078	10:21
Air Blank	0.000	10:21
Control Test	0.000	10:21
Average	0.0783	
Std Dev	0.0006	
Rel Std Dev(%)	0.7370	

Operator's Signature

MK

WINTER HAUEN PD  
 Intoxilyzer - Alcohol Analyzer  
 Model 8000 SN 80-001060  
 12/03/2019  
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	10:23
Control Test	0.199	10:24
Air Blank	0.000	10:25
Control Test	0.199	10:25
Air Blank	0.000	10:26
Control Test	0.199	10:27
Air Blank	0.000	10:27
Control Test	0.000	10:27
Average	0.1990	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Operator's Signature

MK

WINTER HAUEN PD  
 Intoxilyzer - Alcohol Analyzer  
 Model 8000 SN 80-001060  
 12/03/2019  
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	10:29
Control Test	0.081	10:29
Air Blank	0.000	10:29
Control Test	0.080	10:30
Air Blank	0.000	10:30
Control Test	0.080	10:31
Air Blank	0.000	10:31
Control Test	0.000	10:31
Average	0.0803	
Std Dev	0.0006	
Rel Std Dev(%)	0.7187	

Operator's Signature

MK

DAS

DDM  
MK  
12/6/19



# Calibration Certificate

Florida Department of Law Enforcement  
Alcohol Testing Program  
2729 Fort Knox Blvd.  
Bldg. 2, Suite 1300  
Tallahassee, FL 32308

This is to certify the calibration of Intoxilyzer 8000 serial number 80-001060, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001060</u>	UNCERTAINTY* ±	
Owning Agency:	<u>WINTER HAVEN PD</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>12/03/2019</u>	0.080 g/ 210 L	0.004
Calibration Time:	<u>12:33</u>	0.200 g/ 210 L	0.007
		0.080 g/ 210 L Dry Gas Control	0.005

All results are reported in g/ 210 L.

Bias is limited by calibration acceptance criteria. All calibration results must be within ± 0.005 or 5%, whichever is greater, of the target alcohol concentration.  
\*Uncertainty is based on fleet-wide data and is expressed to a 99.73% level of confidence (k=3).

### TRACEABILITY INFORMATION

This instrument was calibrated using solutions prepared by Alcohol Countermeasure Systems, Inc. (ACS). ACS prepared and certified these CRMs in accordance with ISO 17034 and ISO/ IEC 17025 Standards.

Simulator temperatures are traceable to NIST. Thermometer temperatures are checked with NIST traceable Eutechnics 4400 digital thermometers calibrated by Precision Metrology in accordance with ISO/ IEC 17025 standards.

Dry gas control measurements are traceable to NIST through the uses of CRMs supplied by an accredited CRM supplier. The supplier of dry gas standard controls prepared and certified the CRMs in accordance with ISO Guide 34 and ISO/ IEC 17025 standards.

This document shall not be reproduced except in full, without written approval of the Florida Department of Law Enforcement Alcohol Testing Program.

12/03/2019

Date

  
**MICHAEL D'HAUGHEY,**  
Department Inspector

FDLE/ATP Form 69 July 2018  
Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality

*Don*  
*RSK*  
*12/6/19*

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: WINTER HAVEN PD  
Time of Inspection: 09:45

Date of Inspection: 12/03/2019

Serial Number: 80-001060  
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK		No
Alcohol Free Subject Test: 0.000		No
Mouth Alcohol Test: Slope Not Met		No
Interferent Detect Test: Interferent Detect		No
Diagnostic Check (Post-Inspection): OK		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: _____ Exp: _____	0.08g/210L Test (g/210L) Lot#: _____ Exp: _____	0.20g/210L Test (g/210L) Lot#: _____ Exp: _____	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: _____ Exp: _____

Number of Simulators Used: \_\_\_\_\_

Remarks:  
BY-PASSED AI.COMPLIANCE NOT DETERMINED.

JDM  
FBK  
12/6/19

The above instrument complies (  ) does not comply (  ) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

Michael D Haughey MICHAEL D HAUGHEY  
Signature and Printed Name

12/03/2019  
Date

**Return Material Authorization**

**Ship to:**  CMI, Inc.

Enforcement Electronics

Shipment to repair facility authorized by: Bret Hebson on 05/06/2019

**Items Returned:** Instrument  Supplies  Other  Describe: \_\_\_\_\_

Instrument Model: Intoxilyzer 8000 Serial Number: 80-001060

<b>Bill To Address:</b> <u>Winter Haven Police Department</u> <u>Attn: Bret Hebson</u> <u>125 N. Lake Silver Dr. NW</u> <u>Winter Haven, FL 33881</u>	<b>Ship to Address:</b> <u>FDLE Off-site Mail Facility</u> <u>Alcohol Testing Program</u> <u>813-B Lake Bradford Road</u> <u>Tallahassee, FL 32304</u>
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**Reason for Return:**

Instrument does not have power when plugged into a power source.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please choose one of the following options:**

- 1. I \_\_\_\_\_, authorize all repairs.
- 2. I \_\_\_\_\_, authorize repairs up to \$\_\_\_\_\_.
- 3. I require an estimate **BEFORE** any repairs will be authorized and/ or conducted.

Please contact: Name: Bret Hebson  
Phone #: (863) 291-5334 Email: bhebson@mywinterhaven.com

ATP Contact Name: TJ Graham ATP Email: thomasgraham@fdle.state.fl.us





INSTRUMENT PROCESSING SHEET

Agency Winter Haven PD

S/N 80-001060

Florida Department of Law Enforcement

Date In 05/03/2019 DI Completion Date

Ship P/U H/D CMI EE

<b>Intake</b> Performed By <u>DP</u> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Registration <input type="checkbox"/> Return from CMI / EE Visual Inspection: <input checked="" type="checkbox"/> Case <input checked="" type="checkbox"/> Handle <input checked="" type="checkbox"/> Keyboard <input checked="" type="checkbox"/> Dry Gas Shelf <input checked="" type="checkbox"/> Feet <input checked="" type="checkbox"/> Breath Tube <input checked="" type="checkbox"/> Ports <input checked="" type="checkbox"/> Screws Tight Other Equipment/ Accessories: <input checked="" type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: _____ _____ _____	<b>Quality Checks</b> Performed By _____ <input type="checkbox"/> Breath Tube Screen <input type="checkbox"/> Replace External O-Rings <input type="checkbox"/> Instrument Set Up Verified <input type="checkbox"/> R-Value _____ <input type="checkbox"/> Flow Verification (L/s) Flow Column # _____ 32 mm _____ (.139 - .169) 36 mm _____ (.156 - .190) 53 mm _____ (.228 - .278) 103 mm _____ (.447 - .547) <input type="checkbox"/> Barometric Pressure Check Gauge ID # _____ <input type="checkbox"/> Stability Checks	<b>Flow Calibration</b> Performed By _____ Flow Column # _____ <input type="checkbox"/> 5L/min - 17mm <input type="checkbox"/> 15L/min - 53mm <input type="checkbox"/> 30L/min - 103mm <input type="checkbox"/> R-Value _____ <input type="checkbox"/> Post Calibration Verification (L/s) Flow Column # _____ 32 mm _____ (.139 - .169) 36 mm _____ (.156 - .190) 53 mm _____ (.228 - .278) 103 mm _____ (.447 - .547)															
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Notes/Suggested Service: The red power light does not turn on when the instrument is plugged into a power source. Due to the instrument not powering on, it will be sent to a repair facility. *JS*

\_\_\_\_\_

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Tech Review / Date \_\_\_\_\_ Admin Review / Date \_\_\_\_\_